STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/24/2023				
UPMC CA		390058	STREET ADDRESS, CITY, STATE, ZIP CODE: 361 ALEXANDER SPRING ROAD CARLISLE, PA 17015						
STATE LICENS	E NUMBER: <b>035801</b>								
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE			
P 0000	X MUST BE PRECEEDED BY FULL REGULATORY OR LSC			P 0000		APPROPRIATE			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:						<u> </u>			

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<b>I</b> ∴ ∴		(XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:	LIA	(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
390058					<u></u>	07/24/2023		
NAME OF PROVIDER OR SUPPLIER:  UPMC CARLISLE  STATE LICENSE NUMBER: 035801			STREET ADDRESS, CITY, STATE, ZIP CODE: 361 ALEXANDER SPRING ROAD CARLISLE, PA 17015					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
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	This report is for new services to begin on September 10, 2023, for use at UPMC Car Hospital. The services include:  TLEMED-ADOLESCENT MEDICINE TELEMED-ADOLESCENT PSYCHIATRY TELEMED-ADOLESCENT RHEUMATOLOGY TELEMED-ADOLESCENT ALLERGY IMMUNOLOGY TELEMED-ADOLESCENT ALLERGY IMMUNOLOGY TELEMED-BARIATRIC TELEMED-BARIATRIC TELEMED-CANCER MEDICINE TELEMED-CARDIOLOGY TELEMED-CARDIOVASCULAR TELEMED-DIET/NUTRITIONAL SERV TELEMED-EIGU SERVICES TELEMED-EIGU SERVICES TELEMED-ENDOCRINOLOGY TELEMED-ENDOCRINOLOGY							
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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	BER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
390058			A. BLDG:00_ B. WING:		07/24/2023			
		370030						
NAME OF PROVIDER OR SUPPLIER:  UPMC CARLISLE		STREET ADDRESS, 361 ALEXANI						
			CARLISLE, P					
STATE LICENS	E NUMBER: <b>035801</b>							
(X4) ID	SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)	
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	<ul><li>TELEMED-ORTHO</li><li>TELEMED-PALLIA</li></ul>							
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	TELEMED-PEDIAT							
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	TELEMED-PM AN	ID REHAB						
	TELEMED-PSYCH							
	TELEMED-PSYCH	EVAL SVCS						

State Form E1OK11 IF CONTINUATION SHEET Page 3 of 5

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
390058			A. BLDG: B. WING:		07/24/2023			
NAME OF PROVIDER OR SUPPLIER:  UPMC CARLISLE  STATE LICENSE NUMBER: 035801			STREET ADDRESS, CITY, STATE, ZIP CODE: 361 ALEXANDER SPRING ROAD CARLISLE, PA 17015					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
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	TELEMED-PULMONARY TELEMED-RADIOLOGY TELEMED-RHEUMATOLOGY TELEMED-SAFE-T CENTER TELEMED-SLEEP SERVICES TELEMED-SPORTS MEDICINE TELEMED-TELE PATHOLOGY TELEMED-TELE SITTER TELEMED-TOXICOLOGY TELEMED-TOXICOLOGY TELEMED-TRANSPLANT SERV TELEMED-TRAUMA SERV TELEMED-URGENT CARE TELEMED-WOUND CARE  UPMC Pinnacle Hospitals attested they were compliance with the requirements of the Pennsylvania Department of Health's Rules at Regulations for Hospitals, 28 PA Code, Part I Subparts A and B, November 1987, as amend June 1998.		s and rt IV,					

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PLAN OF CORRECTION (POC) IDENT		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390058		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/24/2023	
NAME OF PROVIDER OR SUPPLIER:  UPMC CARLISLE  STATE LICENSE NUMBER: 035801			STREET ADDRESS, CITY, STATE, ZIP CODE: 361 ALEXANDER SPRING ROAD CARLISLE, PA 17015				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	TRO VIDER STERRY OF CORRECTION (EXC.)		(X5) COMPLETE DATE
P 0000	Continued from page 4			P 0000			

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# **Certified End Page**

#### **UPMC CARLISLE**

STATE LICENSE NUMBER: 035801 SURVEY EXIT DATE: 07/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY